

PAYMENT INFORMATION FORM ACH VENDOR PAYMENT SYSTEM

This form is used for ACH payments with an addendum record that carries payment-related information. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PAPERWORK REDUCTION ACT STATEMENT

The information being collected on this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

MEDICAL PROVIDER INFORMATION

EEOICP PROVIDER # _____

Name:

Address:

Contact Person Name:

Telephone Number:
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AGENCY INFORMATION

Name: **Division of Energy Employee Occupational Illness
Compensation Program**

Address: **P.O. Box 727**

Lanham-Seabrook, MD 20703-0727

Contact Person Name:

Telephone Number:
1 (866) 272-2682 Toll Free

FINANCIAL INSTITUTION INFORMATION

Name:

Address:

ACH Coordinator Name:

Telephone Number:
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Nine-Digit Routing Transit Number: _____

Depositor Account Title:

Depositor Account Number:

Type of Account:

☐

Checking

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Savings

Signature and Title of Representative:

Telephone Number:
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**INSTRUCTIONS FOR COMPLETING SF 3881 PAYMENT INFORMATION
ENROLLMENT FORM**

Company information (to be completed by the Medical Provider)

Print or type the Provider Number: the name of the company, individual, or institution that will receive the funds. (The name and address should correspond to the name and address as it appears on the agreement, contract, claim or award document, etc) The company contact person and telephone number are also to be provided.

Agency Information (to be completed by the Federal Agency)

Type or print the name and address of the federal agency making the payment as well as the name to the agency contact person with telephone number.

Financial Institution Information (to be completed by the FI)

Type or print the name and address of the FI and the name of the FI ACH/Direct Deposit Coordinator with telephone number.

Type or print the Nine-Digit Routing Transit Number (RTN) If the FI uses a processor, the RTN of the FI should be used. The importance of the correctness of the RTN cannot be overemphasized.

The name of the corporate customer is placed in the block entitled Depositor Account Title.

Type or print the number of the account into which funds are to be deposited. If the FI does not use account numbers, up to seventeen (17) characters of the depositor's name or other identification may be entered in this block. Dashes are acceptable as part of the number, but spaces and other characters are not acceptable. The depositor account number must be formatted EXACTLY as it appears in the FI's records

In some cases, FIs act as agents for the Government and the accounts are not checking or savings accounts. In these instances, the account should be a **trust, general ledger, or reserve account**. When this is the case, the FI should be given explicit instructions to always use 'checking' account or 'savings' account and that a unique prefix or alpha character should be included in the depositor account number to immediately identify the payment

Check type of account 'Checking' or 'Savings '

The FI's representative signs the form. and provides a telephone number for contact purposes.

MEDICAL PROVIDER MAIL FORM TO:

Energy Employee Occupational Illness Compensation Program
P.O. Box 727
Lanham-Seabrook, MD 20703-0727

Call Toll Free- 1-866-272-2682